

CRITERIA FOR PRIOR AUTHORIZATION

Granix® (tbo-filgrastim)

PROVIDER GROUP Pharmacy
Professional

MANUAL GUIDELINES The following drug requires prior authorization:
Tbo-Filgrastim (Granix)

CRITERIA FOR GRANIX: (must meet one of the following)

1. Patient must have a non-myeloid malignancy
2. Patient must have concurrent or prior myelosuppressive chemotherapy

LENGTH OF APPROVAL 12 months